MULTIPLE DEPENDENT CLAIM SERIAL NO. FEE CALCULATION SHEET ILING DATE (FOR USE WITH FORM PTO-875) APPLIÇANT(S) Paraboral State of St **CLAIMS** AFTER (703) 385-8421 AS FILED AFTER I AMENDMENT 1 AMENDMENT AS FILED AFTER IND. AFTER DEP. IND. I"AMENDMENT DEP. IND. DEP. 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. 78 TOTAL IND A A TOTAL IND TOTAL DEL \$ **∳**□ TOTAL CLAIMS TOTAL CLADKS PTO . 1360 (REST LINE) U.S. DEPARTMENT OF COMMERCE

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